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Australian
College of
Nursing

ISSN 2202-8765
Distributed quarterly

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Printing
Elect Printing

Advertising
02 6283 3470
partnerships@acn.edu.au

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SHOWING THE WAY FORWARD

Skye Coote MACN talks about her experience as a Nurse Practitioner aboard Australia's first and only Mobile Stroke Unit

Skye Coote MACN has been a nurse for 25 years, 15 of which were in critical care, mainly ICU and some ED. She has a Graduate Diploma of Nursing (Critical Care). During that time, she was a Resource Nurse (educator) for some years as well as working in Acting Associate Nurse Unit Manager (ANUM) positions.

In 2010, Skye moved into stroke and was the Acute Stroke Nurse (Clinical Nurse Consultant, CNC) at Eastern Health for seven years. Simultaneously, she studied to be a Nurse Practitioner (NP) and completed two international courses in acute stroke management.

However, it was in 2017 that she was offered what she calls her 'dream job'. Skye joined the brand-new Mobile Stroke Unit (MSU) at The Royal Melbourne Hospital as Nursing Coordinator. The only one of its kind in Australia to date, the MSU was expected to launch later in the year, so Skye spent the first few months helping with design aspects, workflow processes, writing protocols and liaising with ambulance paramedics and hospitals.

The MSU went on-road in November 2017. Skye is responsible for managing a team of highly skilled stroke nurses on the MSU. A data custodian for the MSU database, she also collates and reports on the data,

and contributes to research in the field as well as maintaining a clinical role.

"It really is a completely unique role. Until now, acute stroke care was limited to hospital settings, so to move stroke care and therefore, the acute stroke nursing role to the prehospital setting is amazing!" Skye says.

The MSU, which operates Monday-Friday from 8am-6pm, is staffed by a team of 5:2 paramedics (one Mobile Intensive Care and one Advanced Life Support), a radiographer, an Advanced Practice Stroke Nurse and a neurologist. "Each role is vital," explains Skye, "When we arrive on scene, one of our paramedics and our radiographer set the vehicle up ready to scan. The other paramedic, the doctor and the nurse attend the patient. We get handover from the other paramedics who are usually already with the patient. The doctor starts their assessment to decide if a scan is required, while the paramedics take observations, extricate the patient, etc."

She adds, "The nurse meanwhile is responsible for collating the patient's information. If the patient has a family, the nurse needs to find out all of the patient's relevant information, as well as comfort the family, particularly explaining who we are and why we are attending in addition to the normal ambulance. The nurse brings all this information back to the team so together

we can make a decision on treatment options and the best hospital destination."

Manual handling to position the patient for scanning, administering medications, documenting all aspects of the provided care, helping to notify hospitals on the imminent arrival of the patient, managing drug infusions in the back of the ambulance and entering data into the MSU database are also part of the job. Understandably, the nursing role is crucial to this care delivery.

If, on the other hand, the patient doesn't need a scan or doesn't meet treatment criteria, the MSU team provides the paramedics with a copy of their assessment findings and the patient's scans, to be eventually handed over to the Emergency Department or stroke team at the hospital.

Skye adds, "We get an average of six to seven call outs per day, we have treated over 160 patients with thrombolysis, referred approximately 130 patients for mechanical thrombectomy or neurosurgery, making us quite a busy unit."

"The MSU has been proven to significantly reduce the time to treatment for stroke patients, up to an hour in some cases. This is crucial, as brain cells can die at a rate of up to 1.9 million neurons per minute in a large vessel occlusion stroke. A delay in treatment as little as 15 minutes can result in a loss of one month of healthy life and increase

“Until now, acute stroke care was limited to hospital settings, so to move stroke care and therefore, the acute stroke nursing role to the prehospital setting is amazing!”

the patient's odds of mortality. Literally, every single minute counts,” Skye remarks.

There are plans for the on-board neurologist to convert into a remote telemedicine role; as a result the nursing CNC roles will transition to expert stroke Nurse Practitioners.

During COVID-19, all staff wears personal protective equipment and the MSU gets thoroughly cleaned between patient call outs. “Initially, there was a decline in stroke presentations, which was a common finding across the world,” says Skye.

“We think patients were so concerned about coming to hospital, that they delayed calling ambulances. Our amazing stroke organisations worked quickly to get the FAST (Face, Arm, Speech, Time) message out to the community, reminding them that stroke is a medical emergency and that anyone with suspected stroke symptoms still should call an ambulance. This worked and we soon saw that they were calling for help.”

Skye concludes, “Of course, there are challenging days, but we have seen some amazing recoveries for our patients. Stroke is just so devastating to the patient, their family and their friends, that you want them all to recover as much as possible and return home disability free, and the MSU gives them the best chance to achieve this.”

“The MSU is truly a team effort.”



Shane Foster (paramedic), Francesca Langenberg (CT radiographer), Andrea Wyatt (paramedic), Skye Coote MACN, Henry Zhao (neurologist)



WHAT IS THE MSU?

A specialised, custom-built stroke ambulance. It has a portable CT scanner on it, capable of doing non-contrast CT brain scans and CT angiogram scans of the Circle Of Willis in the brain. This is important as it not only helps to diagnose ischaemic and haemorrhagic strokes but the CT angio helps identify patients who have an ischaemic stroke caused by a very large clot in one of the large arteries in the brain (Large Vessel Occlusion).

For large clots, patients have been proven to respond better to mechanical thrombectomy than to thrombolysis. So, an important role of the MSU is to identify patients who are candidates for this treatment and take them directly to a thrombectomy

centre, as not all hospitals offer this treatment. This reduces time delays in the patient's treatment. The same applies to patients with a bleed in their brain — those who may be surgical candidates can be taken directly to a neurosurgical centre.

The MSU's aims are to:

- rapidly assess and diagnose patient through on-board stroke experts and pre-hospital brain imaging
- treat those patients eligible for treatment immediately, prior to taking them to hospital
- identify patients who are candidates for additional procedures and triage them to the appropriate hospital.

FUTURE CHAMPIONS OF DIGITAL HEALTH

Aaron Jones FACN and Adjunct Professor Naomi Dobroff FACN on the recently finalised digital health capability framework for the nursing workforce



AARON JONES FACN



ADJUNCT PROFESSOR
NAOMI DOBROFF FACN

A new National Nursing and Midwifery Digital Health Capability Framework (Framework) has been developed by the Australian Digital Health Agency in collaboration with the Australasian Institute of Digital Health alongside multiple nursing and midwifery organisations, including the Australian College of Nursing (ACN), Australian College of Midwives (ACM), the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Australian Nursing and Midwifery Federation (ANMF) and the Australian Nursing and Midwifery Accreditation Council (ANMAC).

The framework was developed in response to the National Digital Health Strategy (Strategy) developed by the Australian Digital Health Agency (The Agency). The Strategy names seven strategic outcomes to be achieved by 2022 of which Strategy Six states the need for a workforce that can confidently use digital health tools and services to deliver health care. ACN spoke with Adjunct Professor Naomi Dobroff FACN, Chair of the Nurse Informatics Community of Interest (COI) and Aaron Jones FACN, Chair of the Chief Nurse Information Officers (CNIO) COI, who were involved in the development of the framework, the first of its kind in Australia.

Due to be released in 2020, the framework is based upon five main domains: Digital Professionalism, Leadership and Advocacy, Data and Information Quality, Information-Enabled Care and Technology. These domains sit within the context of nurses and midwives' roles, workplaces settings and the professional standards that apply to their practice (ADHA 2020).

Naomi primarily represented ACN as a subject matter expert (SME) and was involved in approving the way forward in the project plan, approving content and ensuring that it aligned with the expected outcome of the framework, as well as providing feedback. Aaron participated in one of the workshops that reviewed each of the capability statements in the framework and actively provided SME advice when Naomi was not available.

Naomi says, "The key use of this document will be to understand and implement digital health capability for individual nurses and within health care organisations. I've strongly advocated that the framework be implemented through a CNIO role in an organisation because that's the role that will have the deep understanding and ability to drive the framework. It's a huge opportunity but for it to be truly successful you would need a CNIO, it's a really significant and important piece of work."

It's notable that the framework has been developed in a way so that it can be adopted by individuals too, who wish to review their own digital health capabilities or assess their areas of professional development. However, Naomi adds, "Although there are secondary pieces being developed for that purpose, one of the challenges is having the education and training available to support all those progressing through the capability levels outlined in the framework."

Another challenge is ensuring that the framework is useful in a practical sense. "It has been a lot of work," says Aaron. "But we don't want it to be seen as just an action plan with a lot of words and dot points in it. The framework needs to be implemented

“The key use of this document will be to understand and implement digital health capability for individual nurses and within health care organisations.”

in a way that it's practically meaningful and useful to our workforce and gets a lot of us to where we need to be in that space.”

The next piece of work, he adds, is around documenting a career pathway around nurses wanting to become a CNIO. “At the moment, it's a bit of a gap. But the framework is a starting point in the discussion around informatics as a specialty in nursing and midwifery and what the various roles in informatics are.”

Naomi agrees, “The framework will help nurses identify what their strengths are and where they need to develop. But getting access to the educational material is the part where universities and other learning organisations, including the ACN, will have to get involved.”

Overall, Naomi concludes, the entire experience has been incredibly positive. “Collaborating with all these different organisations was wonderful as were the networking opportunities. This valuable piece of work was done in such a short period of time and the engagement was fantastic.”

The CNIO COI has developed and launched the ACN's Position Statement *Leading digital health transformation: The value of Chief Nursing Information Officer (CNIO) roles* that outlines the value and contribution of the CNIO role.

Find the Position Statement at
acn.edu.au/policy/position-statements

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Datasets to support workforce planning in nursing: an environmental scan

The scan conducted by the Workforce Sustainability Policy Chapter has revealed the current complexity of the Australian health care system

Background

Australia's health care system is considered world class based on the high standard of nursing, medical and allied health services it offers. While Australia may be the envy of many countries, health systems are facing increasing demands as the population ages with concomitant burden of chronic disease.

It is well known that nursing is the single largest health profession in Australia comprising 56.9% of all registered health practitioners (Roy Morgan, 2017). Developing the nursing and midwifery workforce to cater to this growing demand in a sustainable and productive way is vital. Australia has been applying a national approach to addressing these challenges while maintaining its health care workforce.

The National Health Reform Agreement was signed in 2010 and this coincided with the formation of Local Health Networks, Medicare Locals and Health Workforce Australia. The Council of Australian Governments, the Standing Council on Health, the Australian Health Ministers Advisory Council and the Health Workforce Principle Committee provide leadership to the States and Territories in health workforce reform.

Globally, the health sector has not been able to adequately predict or deliver the required numbers of properly trained health workers to service the increasing demand (Britnell, 2019). However, effective workforce planning is difficult because it requires future forecasting of dynamic and complex health care system needs and is based on models of care that are constantly evolving.

Appropriate workforce data is foundational to understanding our current state and future gaps and is vital if we are to engage in the productivity debate in a meaningful way. Focusing attention solely on nursing and midwifery supply, demand and cost is not going to address the elephant in the room. We need to do more within our available resources and work smarter rather than harder to develop a truly sustainable workforce. This requires investment in improving the health and well-being of the nursing and midwifery workforce, technology focused on efficiency and safety, training and development of new skills and an advanced scope of practice in preparation for our changing environment and innovative models of care delivery.

Australia has enjoyed a long period of economic prosperity and yet there is no evidence of real productivity growth for

over a decade within the health workforce (Australian Productivity Commission, 2016). This apparent inability to 'do more with same' is challenging to understand given the significant investment we are making as a nation in technology and education. The Australian College of Nursing (ACN) is leading the discussion around productivity in the nursing workforce by seeking to understand organisational level nursing workforce data, definitions and datasets.

Workforce Sustainability Policy Chapter

In 2019, the Workforce Sustainability Policy Chapter, established by ACN, was involved in a project that aimed to identify what nursing datasets are being utilised within the public and private health care sectors across Australia for the purpose of **strategic nursing workforce planning**. The Policy Chapter considered the work around workforce planning a priority given it is a 'continuous business planning process of shaping and structuring the workforce to ensure there is sufficient and sustainable capability and capacity to deliver organisational objectives, now and in the future' (Australian Public Services Commission, 2019).



The aims of the Chapter were achieved by conducting an environmental scan based on a validated framework (Choo, 2001) to ascertain existing data, information resources and contexts for nursing workforce planning at an organisational level within Australia's health services. Stakeholders from public and private health services in rural, remote and metropolitan locations across Australian States and Territories were invited to participate in the environmental scan with a focus on their nursing workforce. The available data for each participating organisation was extracted into a standardised environmental scan template.

Findings

Findings indicated considerable differences between nursing workforce determination within the public and private sectors; lack of standardisation in agreed nursing workforce definitions and minimum dataset; significant challenges for the rural and remote workforce and people living in these areas; and the accuracy and availability of detailed employee data for decision making. Legislated nurse to patient ratios or Nursing Hours per Patient Day models appeared to be the most consistent metrics employed across Australia to determine and distribute nursing workload.

Conclusion and implications for Policy

The work of the 2019 Policy Chapter demonstrated the current Australian health care landscape is complex, even more so within the rural and remote health sector, and revealed inconsistent or absent workforce planning frameworks across the nation.

It is therefore important for policy decision makers to consider developing nationally consistent data collection tools to support the ongoing development of the nursing and midwifery role, workforce requirements and skill mix demand. The data is vital in helping inform future nursing related productivity debates, policy development, models of care, service planning, and provide a basis for the future development of education, curriculum, and research/evaluation methodologies related to nursing practice.

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ACKNOWLEDGMENTS

Workforce Sustainability Policy Chapter members include: Professor Leanne Boyd MACN (Chair; CNMO – Eastern Health Victoria), Adjunct Professor Alanna Geary FACN (Deputy Chair; Metro North Hospital and Health Service Queensland); Jo Schlieff MACN (Eastern Health Victoria); Tania Duffy FACN; Associate Professor Jennifer Weller-Newton FACN (The University of Melbourne); Dr Craig Phillips MACN (University of South Australia); Associate Professor Michael Roche MACN (University of Technology Sydney and Northern Sydney Local Health District); Associate Professor Tony McGillion MACN (La Trobe University); Jo Mapes FACN (Western Health Victoria); Stephanie Haines MACN (Department of Health, Tasmanian Government).

Acknowledgement is also extended to Adjunct Professor Kylie Ward FACN, Dr Carolyn Stapleton FACN and Sofia Dimitrelis, who coordinated the various policy chapter activities.

Authored by Workforce Sustainability Policy Chapter 2019.

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My journey as a mentee and mentor

Sharmalie Wijesinghe MACN describes how her mentor Christine Smith FACN (DLF) helped shape her leadership capabilities as a nurse

As a profession, nursing has an important role to influence and mould new members of the profession. As part of this process it is imperative for the profession to actively identify and develop leadership qualities in members who not only display leadership potential but are actively involved in progressing their career. There are several ways the profession can develop leaders to influence and advance the profession.

Performance review

Performance review in nursing is one method by which to determine how well a nurse demonstrates competence to the supervisor, on a yearly basis. It is generally accepted that performance review assists in determining an employee's performance on the job, identifying personal strengths, and weaknesses for development, suitability for promotion and/or need for additional training (Australian Nursing and Midwifery Federation 2018).

Preceptorship

A formal preceptor relationship, within a prescribed timeframe, helps to develop a nursing student on clinical placements/rotations or a new nurse employee taking on new responsibilities in their clinical role.

An experienced nurse (preceptor) acts as a role model to the junior nurse, (the preceptee). The role includes providing guidance, learning experiences and developing confidence within the preceptee, in their prescribed role. An important function is to provide feedback

on the application of new knowledge and skill development (Bartlett et al. 2020).

Mentoring

An increasingly popular model, mentoring traditionally takes place outside the formal workplace setting. Mentoring can be defined as an ongoing professional relationship between an experienced nurse (mentor) and a less experienced nurse (mentee) that is directed to provide guidance, support and feedback based on the mentee's goals, career direction, and timeframe for professional development. Being independent of the workplace setting the mentoring relationship is not constrained by workplace priorities or timeframes (Burgess, van Diggele and Mellis 2018).

Background

I migrated to Australia from Sri Lanka in 2004. I was a Montessori Teacher and had my own school in Sri Lanka. Following my father's death, I gave up teaching to study nursing. I migrated to Australia with my husband, two young children and my mother. We struggled a lot at the beginning as we adjusted to our new environment. I didn't want to look back, but was determined to step forward. My aim was — and still is — to be a great nurse.

As a mentee

When I was preparing to start my nursing studies, the responsibilities of becoming a Registered Nurse really scared me, and I was concerned about how to become a good clinician.

I felt I needed a senior nurse to support and direct me through my nursing program. I decided to approach Christine Smith FACN (DLF) who had been my teacher and tutor while studying the Diploma of Nursing at Australian Catholic University (ACU). I asked her if she would be my mentor. We discussed what mentoring was about as well as my goals.

Christine comments,

"It was more than 12 months after I had taught Sharmalie, when she called to ask if I would be her mentor during her nursing program. I was surprised to receive her call. However, I felt honoured that she considered I could be that person to mentor her over the time of her nursing studies. I had no notion that now 16 years later, I would be, not only her mentor, but also a good friend. It was a proud occasion when I attended her graduation ceremony and a couple of years later, I was invited to attend the ceremony when she and her family became Australian citizens."

Without the initial support from my mentor, my journey as a nurse would have been more difficult. I was fortunate to meet a person who supported me in my nursing journey, and then to become a preceptor and now a mentor myself. Christine inspired me to be the person I am today. She has not only supported my development, but also taught me how to be a preceptor and support students, junior and new staff who need guidance. I am very grateful to her.



Christine Smith FACN (DLF) with Sharmalie Wijesinghe MACN at the Nursing Now Roadshow Melbourne 2019

“An increasingly popular model, mentoring traditionally takes place outside the formal workplace setting and so, is not constrained by workplace priorities or timeframes.”

During my last semester, Christine encouraged me to apply for the Inaugural Order of Malta, Palliative Care Excellence Award for ACU nursing students. It was an honour to receive this award for excellence in 2010. Over several years, I also received ongoing support in my role as a palliative care nurse from Sir James Gobo AC CVO QC, former President, Order of Malta, Victoria.

Becoming a mentor

My positive experience as a mentee gave me great confidence to apply these skills in my workplace. Additional to my own experience as a mentee, and as a clinical nurse specialist in palliative care, I have witnessed junior staff members succeed within their role, in large part due to having been mentored by a senior nurse.

From my own experience, I would suggest that senior nurses may also benefit from a mentor program, when they face challenges in their roles. Through the mentor relationship, questions can be asked, and knowledge gaps reduced without fear of embarrassment or admission of weakness.

The value of having the support of an objective person who can see how the mentee is developing, what else

is needed and the direction in which they should progress, cannot be overstated. A good mentor encourages the mentee to step out of their comfort zone, explore their capabilities and discover their hidden potential.

Research highlights that one of the gaps in nursing mentorship is the lack of training of senior nurses to become mentors (Sickley and Riley 2020).

Therefore, to develop an individual and to identify and address barriers to successful mentoring, support to develop mentors should be prioritised.

Final reflections

Having a mentor didn't just help me to step forward to develop my career. Christine also helped me understand that professional challenges are stepping stones to opportunities for leadership development. I know I have many exciting career opportunities ahead.

My experience as both a mentee and mentor has taught me that mentoring nurses at all levels is valuable and useful for the individual, the organisation and the profession. It enhances leadership skills, which may engender greater job satisfaction and staff retention.

Sharmalie Wijesinghe works at Cabrini health Palliative Care as a Clinical Nurse Specialist.

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To learn more about mentorship, head to *neo* to check out the recently held Leadership COI webinars on mentoring.



AUTHOR

**SHARMALIE
WIJESINGHE MACN**



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